WHEATON SPORT CENTER
Program Registration Form

Today's Date _____

COMPLETED REGISTRATION FORM MUST BE RECEIVED
72 HOURS PRIOR TO PARTICIPANT ATTENDING CLASS/PROGRAM; $10 cancel fee applies
PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT &/OR PROGRAM/SESSION

(Parent/Guardian) Last Name _____ (Parent/Guardian) First Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work/Emergency Phone _____

Email Address _____

Participant's Name _____

Participant's Birthdate _____/_____/_____ *T-shirt size (if applicable)* _____

Please check applicable:
☐ WSC Tennis Member ☐ Guest
☐ WSC HealthClub Member

Age/Grade	Program/Class Code	Session	Program/Class Name	Day/s of Class	Time of Class	Total Fees
/				M T W TH F S SUN		

FOR YOUR CONVENIENCE, THIS COMPLETED REGISTRATION FORM CAN BE FAXED TO WHEATON SPORT CENTER AT 630.690.0430; ATTN: MEMBER SERVICES DESK

Payment Method

WSC Members: Charge My Account# _____

Program participant: Payment by check: (check must be attached) – Please make checks payable to **Wheaton Sport Center**
Check #: _____

Credit Card: (circle one) **Visa** **MC** **Discover** Name on Card:
_____ exp date_____

PILATES GROUP REFORMER & TENNIS LESSONS ONLY: ☐ **Yes, I want Automatic Enrollment & Billing**. I grant permission for **automatic enrollment & billing** of my ☐ guaranteed credit card or ☐ WSC House Account for fees due two weeks prior to the start of each new session. **By electing automatic enrollment & billing, you will be enrolled in each subsequent session without needing a new registration form submitted. However, cancellation notice in writing is required 1 week prior to the of start of a new session should you need to cancel your automatic enrollment & billing**. For written cancellations received after 1 week prior, a **$25 late cancel fee** will apply per program/class. **Initials**_____

Cancellation Policy
Unless otherwise noted, Wheaton Sport Center's cancellation policy is in effect for all fee-based programs. To qualify for a refund, participants are required to give at least 72-hour written notice prior to the start of a program/session. **A $10 fee per registrant will be charged for all cancellations once registration is submitted, regardless of cancel reason.** Students are responsible for attending the class in which they have registered. No refunds or credits will be given for classes missed. Refunds are given due to long term illnesses or injury that would prevent a participant from completing the remainder of the session and the provision of a Doctor's note. The refund is for the remainder of the current class session and will be calculated from the date the physician's note is submitted. **Makeup classes are available for the Tennis program only, under the following provisions: If for any reason the student cannot attend a class, they can make that class up in a class that is equal to or one level below the registered class, with prior approval from the instructor. Class must be made up during the current session. Make up classes are NOT guaranteed. Approval by the instructor is given only if there is room in the class.** **Initials** _____

Waiver
I, for myself, my heirs, next of kin, my executors and my administrators, hereby waive, release and discharge to the fullest extent permitted by law, any and all rights, claims and/or causes of action I may have or hereafter acquire against Wheaton Sport Center and/or its representatives, successors, and assigns, and/or its event sponsors, owners of event premises, licensees and/or licensors for any and all losses, damages and/or injuries (actual and/or consequential) which may be suffered by me, my family, and/or my guests arising out of or in any way related to the use of any equipment, activity, lessons, programs, leagues, tournaments, and/or special events, including but not limited to any claims of personal injury or death from participating in or attending any such activity, and/or loss of personal property by theft or otherwise during said activity, any publicity related to any event, any prizes awarded, and/or loss of collegiate or high school eligibility as a result of participation in any event, whether caused by negligence of the event organizers or otherwise. I am aware of the possible risks inherent in the nature of the activities provided by Wheaton Sport Center and that Wheaton Sport Center does not provide medical insurance covering injuries of any nature incurred in any activity and/or event.

ASSUMPTION OF RISK. The undersigned (or his/her parent of guardian) hereby assumes full responsibility for any and all risk of bodily injury, death or property damage due to the negligence of the event organizers or otherwise participating in or observing in any and all Wheaton Sport Center activities.

PUBLICITY. The undersigned (or his/her parent or guardian) hereby consents to the use without compensation, of his/her name and/or likeness, biographical material and/or voice in publicity and advertising concerning any and all Wheaton Sport Center activities and by sponsors of any event and/or their promotion by way of any medial throughout the world.

FOR USE WHEN MINORS ARE INVOLVED. I understand that every precaution will be taken to protect the safety of each participant in this program. However, I also understand that I am responsible for all personal medical insurance on the above-named child (hereinafter "the child") and that I will be responsible for any medical costs incurred as a result of the child's participation in this program. I agree to assume full risk for any and all activities in which the child may participate and I hereby waive, relinquish and release any and all claims which I an/or the child may have or obtain against Wheaton Sport Center, Inc. or any of its owners, officers, agents, servants, employees, associates, affiliates (hereinafter collectively referred to as "the Sport Center) as a result of injury which I and/or the child may sustain in any activity associated with the Sport Center. I voluntarily accept this risk and agree that the Sport Center will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any other damages. If there is any claim by anyone based on injury, loss or damage described herein, which involves me or the child, I agree to defend and indemnify the Sport Center against such claims and reimburse the Sport Center for any and all expenses relating to said claim. In case of medical emergency, I authorize the Sport Center to arrange for emergency medical treatment of the child.

Signature _____ **Print Name** _____ **Date** _____

Office Use Only

Processed by: _____ Date: _____ ☐Enrolled CA ☐Enrolled Shared

Amount/Date Charged: _____ Misc. Notes: _____